

KIRK CALDWELL
MAYOR

DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU

REFUSE DIVISION
1000 Uluohia Street, Suite 201, KAPOLEI, HAWAII 96707
Phone: (808) 768-3200 Fax: (808) 768-3434

LORI M.K. KAHIKINA, P.E.
DIRECTOR

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CHIEF

FOOD WASTE RECYCLING COMPLIANCE FORM 2013

(Date Here)

Revised Ordinance of City & County of Honolulu, Sec. 9-3.5 requires large restaurants, grocery stores, hotels, hospitals, food courts and food manufacturers and processors to recycle food waste. In so doing, these establishments shall not place food waste in the same containers as those holding refuse. City representatives conduct random inspections of businesses affected by this law.

To verify your compliance with this law, we must obtain information about your current **food waste** recycling program. Please complete this form, including **signature by the owner or general manager** certifying its accuracy, and **return by** _____.

Address (if different than above): _____

Contact person: _____ **Title:** _____

Phone number: _____ **Email:** _____

Check appropriate box:

- ☐ Business is in compliance – food waste is not put in the same container as refuse.

Approximate quantity of food waste recycled **per month:** tons _____ **or** gallons _____

Recycling Company: _____ Phone: _____

- ☐ Business is **not** in compliance and needs assistance.

Explain: _____

- ☐ Business is not subject to this ordinance. Reason:

☐ Restaurant that serves less than 400 meals per day or occupies less than 5,000 square feet

☐ Market that has less than 18,000 square feet

☐ Food manufacturer or processor that occupies less than 5000 square feet

☐ Other – reason: _____

If you have questions or need assistance, contact Eileen Helmstetter at mhelmstetter@honolulu.gov or 768-3426. Recycling information is also available online at www.opala.org.

If this form is not returned, an inspector will be dispatched to your establishment to verify compliance. Businesses not in compliance may be subject to fines.

I certify that the foregoing statements are correct to the best of my knowledge.

Name (print)

Check one:

☐ Owner ☐ General Manager

Signature

Date

FAX to 768-3434 / mail by folding form in thirds / scan-email to mhelmstetter@honolulu.gov

[To mail, fold page in thirds, tape at bottom and affix stamp.]

Return address:

Affix Stamp
Here

2ND NOTICE- *FOOD WASTE*

City and County of Honolulu
Environmental Services Department
Refuse Division - Recycling Office
1000 Uluohia Street, Suite 201
Kapolei, Hawaii 96707